

CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
MISSISSIPPI VALLEY REGIONAL BLOOD CENT 5500 LAKEVIEW PARKWAY DAVENPORT, IA 52807	16D0387896
LABORATORY DIRECTOR	EFFECTIVE DATE
BRUCE A MARSHALL	12/12/2010
	EXPIRATION DATE
	12/11/2012

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
 This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost
 Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

228 certs2_111310

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	06/24/2003		
GENERAL IMMUNOLOGY (220)	12/12/1994		
ABO & RH GROUP (510)	12/12/1994		
ANTIBODY TRANSFUSION (520)	12/12/1994		
ANTIBODY NON-TRANSFUSION (530)	12/12/1994		
ANTIBODY IDENTIFICATION (540)	12/12/1994		
COMPATIBILITY TESTING (550)	12/12/1994		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.